

Advance Notification Requirements for Wisconsin Effective July 1, 2016



Procedures and Services (Services provided by participating providers)	Additional Information	Current Procedural Terminology (CPT) Codes			
Bariatric surgery	Inpatient and Outpatient bariatric surgery and obesity-related services	43644 43659 43773 43843 43882 64590 0312T 0316T	43645 43770 43774 43860 43886 95980 0313T 0317T	43647 43771 43775 43865 43887 95981 0314T	43648 43772 43842 43881 43888 95982 0315T
Birth to 3 program and in school therapies	All therapies in lieu of or in addition to Birth to 3 or school based treatment require prior authorization.				
Bone growth stimulator	Electronic stimulation or ultrasound to heal fractures	20974 E0748	20975 E0760	20979	E0747
BRCA genetic testing		81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy)	Reconstruction of the breast other than following mastectomy	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cochlear and other auditory implants	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	69710 69718 L8616 L8627 L8692	69714 69930 L8617 L8628 L8693	69715 L8614 L8618 L8690	69717 L8615 L8619 L8691
Cosmetic and reconstructive procedures	Advance notification required for inpatient and outpatient cosmetic and reconstructive services. Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that either treat a medical condition or improve or restore physiologic function	11960 15822 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	11971 15823 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	15820 15830 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961	15821 15847 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966

Procedures and Services (Services provided by participating providers)	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Durable medical equipment (DME) - more than \$500</p>	<p>DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</p> <p>Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>).</p> <p>Some home health care services may qualify under the DME requirement but are not subject to the \$500 retail purchase or cumulative retail rental cost threshold (see <i>Home Health Care Services</i>).</p>	<p>A9900 E0266 E0302 E0460 E0472 E0650 E0666 E0670 E0947 E1002 E1007 E1030 E1825 E2227 E2321 E2328 E2351 E2376 E2599 E2621 E2629 K0008 K0108 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 V5274 V5284 V5288</p>	<p>E0193 E0277 E0304 E0465 E0483 E0651 E0667 E0745 E0948 E1003 E1008 E1036 E1840 E2228 E2322 E2329 E2370 E2510 E2614 E2626 E2630 K0011 K0606 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0506 V5281 V5285 V5289</p>	<p>E0194 E0296 E0445 E0466 E0601 E0652 E0668 E0782 E0984 E1004 E1009 E1226 E2100 E2230 E2325 E2330 E2373 E2511 E2616 E2627 K0005 K0013 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 T1999 V5282 V5286 V5290</p>	<p>E0265 E0297 E0457 E0471 E0638 E0656 E0669 E0784 E0986 E1005 E1010 E1230 E2204 E2312 E2327 E2343 E2375 E2512 E2620 E2628 K0007 K0014 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 V2786 V5283 V5287</p>
<p>Enteral services</p>	<p>At home nutritional therapy both enteral and through a gastrostomy tube</p>	<p>B4035 B4104 B4153 B4159</p>	<p>B4036 B4149 B4154 B4160</p>	<p>B4102 B4150 B4155 B4161</p>	<p>B4103 B4152 B4158 B4162</p>

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Enteral services (cont'd.)		B9002			
Experimental or investigational		33477	36514	55866	61863
		61864	61867	61868	61886
		62264	62290	62291	62292
		64555	64722	65765	65767
		66180	95250	95251	95965
		95966	95967	95978	96002
		0191T	0269T	0270T	0271T
		0282T	0283T	0285T	E1831
		S0810	S1040	S8262	S9990
		S9991			
Femoroacetabular impingement syndrome (FAI)		29914	29915	29916	
Functional endoscopic sinus surgery		31237	31239	31240	31254
		31255	31256	31267	31276
		31287	31288		
Genetic testing		81161	81201	81203	81222
		81223	81280	81282	81292
		81294	81295	81297	81298
		81300	81302	81304	81317
		81319	81321	81323	81324
		81325	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81479	
Home health care	All Home Health Care requires prior authorization. G codes are not supported by the state				
Hospice		T2044	T2045		
Incontinence supplies		T4524	T4525	T4526	T4527
		T4528	T4530	T4533	T4534
		T4535	T4541	T4542	T4543
Injectable medications		Synagis 90378			
Joint replacement	Outpatient and inpatient joint and total hip and knee replacement procedures	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Non-emergent air ambulance transport	Please call Medical Transportation Management at 866-907-1493 .	A0430	A0431	A0435	A0436
		S9960	S9961		

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Orthognathic surgery	Treatment of maxillofacial (jaw) functional impairment	21121 21127 21145 21151 21160 21195 21206 21215 21245 21249 30465	21122 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299
Orthotics/prosthetics more than \$500 Orthotics/Prosthetic codes listed with a retail purchase or a cumulative rental cost of more than \$500	Orthotics/Prosthetic codes listed with a retail purchase or a cumulative rental cost of more than \$500	L0112 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3649 L3730 L3765 L3904 L3962 L3975 L3999	L0170 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3671 L3740 L3766 L3905 L3967 L3976 L4000	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3674 L3763 L3900 L3960 L3971 L3977 L4010	L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3720 L3764 L3901 L3961 L3973 L3978 L4020

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<p>Orthotics/prosthetics more than \$500 (cont'd.)</p> <p>Orthotics/Prosthetic codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>		L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5961 L5968 L5980 L5986 L6000 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6623 L6686 L6692 L6709 L6714 L6882 L6895 L6915 L6935	L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830 L5930 L5962 L5973 L5981 L5987 L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6588 L6624 L6687 L6693 L6711 L6715 L6883 L6900 L6920 L6940	L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5950 L5964 L5976 L5982 L5988 L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6590 L6646 L6689 L6707 L6712 L6880 L6884 L6905 L6925 L6945	L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5960 L5966 L5979 L5984 L5999 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6621 L6648 L6690 L6708 L6713 L6881 L6885 L6910 L6930 L6950

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Outpatient therapies	For Members under 21 years of age , all Outpatient Therapy requests in lieu of or in addition to the Birth to 3 Program or In-School Services will require prior authorization."	92507 92523 97002 97012 97022 97034 97113 97530 S9152	92508 92524 97003 97014 97026 97039 97116 97799	92521 92526 97004 97016 97028 97110 97124 G0129	92522 97001 97010 97018 97033 97112 97140 S8990
Private duty nursing		T1001	T1002	T1003	
Proton beam therapy		77520	77522	77523	77525
Rhinoplasty	Treating nasal functional impairment and septal deviation	30400 30435	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41530	42145	41599
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery	Inpatient and outpatient spinal surgeries	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046

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Spinal surgery (cont'd.)		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	64553	64570
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885	64568	L8680	L8685
		L8686	L8687	L8688	
Vein procedures	Removal and ablation of the main trunks and named branches of the saphenous veins to treat venous disease and varicose veins of the extremities	36475	36478	37700	37718
		37722	37780		
Wound Vac		E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization
Behavioral health services	Provided through a designated behavioral health network	Many of our benefit plans only cover behavioral health services through a designated behavioral health network. Mental Health: 888-556-4059
Radiology prior authorization	Prior authorization required for participating physicians for certain CT, MRI, MRA, PET scan and nuclear medicine and cardiology procedures. Advanced imaging procedures that require prior authorization are called advanced outpatient imaging procedures.	Physicians ordering advanced outpatient imaging procedures are responsible for requesting prior authorization before scheduling the procedure by calling 866-889-8054 . For more information about this prior authorization requirement, including a list of the CPT codes that require prior authorization, go to UHCommunityPlan.com > Healthcare professionals > (select state) > Radiology > CPT Code list.

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<p>Transplants</p>		<p>For transplant services, call or fax OptumHealth at 800-418-4994 or (fax) 877-814-0488.</p> <table border="0"> <tr> <td>32851</td> <td>32852</td> <td>32853</td> <td>32854</td> </tr> <tr> <td>33935</td> <td>33945</td> <td>38240</td> <td>38241</td> </tr> <tr> <td>44132</td> <td>44133</td> <td>44135</td> <td>44136</td> </tr> <tr> <td>44137</td> <td>44715</td> <td>44720</td> <td>44721</td> </tr> <tr> <td>47133</td> <td>47135</td> <td>47140</td> <td>47141</td> </tr> <tr> <td>47142</td> <td>47143</td> <td>47144</td> <td>47145</td> </tr> <tr> <td>47146</td> <td>47147</td> <td>48551</td> <td>48552</td> </tr> <tr> <td>48554</td> <td>50300</td> <td>50320</td> <td>50323</td> </tr> <tr> <td>50325</td> <td>50340</td> <td>50360</td> <td>50365</td> </tr> <tr> <td>50370</td> <td>50380</td> <td>50547</td> <td>S2060</td> </tr> <tr> <td>S2061</td> <td>S2152</td> <td></td> <td></td> </tr> </table>	32851	32852	32853	32854	33935	33945	38240	38241	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47140	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152		
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<p>Ventricular assist devices</p>	<p>A mechanical pump that takes over the function of damaged ventricle of the heart and restores normal blood flow</p>	<p>Fax OptumHealth directly at 877-814-0488</p> <table border="0"> <tr> <td>33975</td> <td>33976</td> <td>33979</td> <td>33981</td> </tr> <tr> <td>33982</td> <td>33983</td> <td>0051T</td> <td>0052T</td> </tr> <tr> <td>0053T</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T	Q0507	Q0508	Q0509																																
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